



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
NORTH ATLANTIC REGIONAL MEDICAL COMMAND
AND
WALTER REED ARMY MEDICAL CENTER
WASHINGTON, DC 20307-5001

7 JUN 2007

MCAT-IR

MEMORANDUM FOR Commander, U.S. Army Medical Command, ATTN: MCIR, 2050
Worth Road, Fort Sam Houston, TX 78234-6000

SUBJECT: Fiscal Year 2007 Annual Statement of Assurance on Management Controls

1. As Commander of North Atlantic Regional Medical Command (NARMC) and Walter Reed Army Medical Center (WRAMC), I have reasonable assurance that the management controls throughout my command are adequate and operating as intended (see TAB A), except for the material weaknesses reported at TAB B, and that:
 - a. Assets are safeguarded against waste, loss, unauthorized use, or misappropriation.
 - b. Obligations and costs comply with applicable laws.
 - c. Revenues and expenditures applicable to the command's operations are properly accounted for and recorded.
 - d. Programs and administrative functions are effectively and efficiently carried out in accordance with applicable laws and management policies.
2. This statement accurately reflects all known management control material weaknesses in my functional area of responsibility. My assessment was based on my overall knowledge of these management controls, evaluations of their effectiveness, all known audits, inspections, investigations and other reviews and the overall awareness of my staff. Regulations are being maintained to ensure Army-wide understanding of essential policies and requirements that must be enforced. The corrective actions shown for each material weakness are appropriate and will be monitored to ensure that all material weaknesses are effectively resolved in a timely manner.
3. My assessment is also based on a general understanding of and adherence to the "General Accountability Office Standards for Internal Controls in the Federal Government." I believe that the necessary methods are in place to evaluate the

MCAT-IR

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adequacy and effectiveness of management controls. Some of the actions supporting my determination include:

a. The application of internally developed operational evaluation and assistance plans and the utilization of management control evaluations by applicable organizational elements.

b. Consideration of audit, inspection, and other independent review reports.

c. Assurance by key directors and managers within the NARMC/WRAMC.


d. Heightened awareness and formal responsibility for the adequacy of management controls by military and civilian managers.

4. TAB A describes how the assessment of management controls was conducted, the basis for my assurance and conclusion that the NARMC/WRAMC is maintaining an effective Management Control Process (MCP). Within TAB B-2 are details about the uncorrected material weakness we are reporting. I recommend, for purposes of awareness, that the Commander, Medical Command, report the material weakness to the Secretary of the Army.

5. Our point of contact for the MCP is Ms. Linda J. Herndon, Chief, Internal Review and Audit Compliance Office (IRACO), DSN 662-3328 or commercial (202) 782-3328.

5 Encls

1. TAB A
2. TAB B
3. TAB B-1
4. TAB B-2
5. TAB C



ERIC B. SCHOOMAKER
Major General, MC
Commanding

TAB A

How the Assessment Was Conducted

TAB A-1

The Basis for Reasonable Assurance

Our reasonable assurance that management controls are in place and working as intended is based on a combination of management control related actions taken to ensure that what should happen actually does happen. Some of the key factors we used to support our conclusion about reasonable assurance are noted below:

- We used the “Balance Scorecard” throughout NARMC to help accomplish our mission and improve operations.
- Lessons Learned from internal and external assessments, audits and inspections throughout NARMC/WRAMC to help accomplish our mission and improve operations.
- We identified and addressed known hospital problem areas by obtaining input from experienced hospital staff and by having the Internal Review and Audit Compliance Office (IRACO) examine trends of problem areas identified by external audit organizations such as the General Accounting Office (GAO), Department of Defense Inspector General (DoD IG) and the Army Audit Agency (AAA). The IRACO was used to review areas with the greatest risk from the known hospital problem areas we identified.
- Our Organizational Inspection Program (OIP) has enhanced the readiness and productivity within NARMC. The OIP Team performed staff assistance inspections at West Point, Fort Belvoir, Fort Monmouth/Dix, Fort Meade, and Fort Bragg in the areas we believed needed the most attention and those areas where periodic inspections are required by regulation. The results of those inspections were used to make required changes or to recommend improvements.
- The ongoing monitoring of NARMC/WRAMC operations is accomplished by use of morning reports and weekly staff meetings to discuss appropriate actions to address the care and oversight of outpatient soldiers and for facilities, maintenance and repairs, planned versus actual operational results, required status reports, planned periodic review and analysis sessions, and other command oversight techniques.
- During FY 07 to date we have completed 175 of the 270 evaluations we scheduled on our Five-year Management Control Evaluation Plan and expect to complete the remaining 95 evaluations scheduled during remainder of FY 07. No evaluations performed resulted in a material weakness. We also performed risk assessments of specified functional areas as required by the TRICARE Management Activity. The results of all the risk assessments completed and those planned for the remainder of FY 07 are illustrated in TAB C.

- NARMC/WRAMC personnel have performance plans that are exactly tied to mission accomplishment performance plans and the results of our individual performance measurement system are designated to ultimately improve mission performance.

- We are currently implementing the Army Medical Action Plan to improve Soldier accountability, health and welfare, infrastructure accommodations, medical administration process and information dissemination.

TAB A-2

OTHER INFORMATION REQUIRED

1. Leadership Emphasis.

a. We continued stressing the need for command and management emphasis of the Management Control Process (MCP) at all levels in FY 07. The Commander, through memorandums and staff meetings, solicited support in FY 07 from all key directors and managers within the NARMC/WRAMC/WRHCS to make the MCP first-rate without exception. As part of the MCP Five-Year Plan, each directorate and staff office requiring mandatory evaluations documented and reported the number of evaluations performed along with any significant problems found. The Chief of Staff signed all of the management control related guidance, provided to the Medical Treatment Facilities (MTFs) reporting offices during the year.

b. The Battle Update Briefing (BUB) has been established to address material weaknesses dealing with health care and administrative processes which were reported in the Washington Post Newspaper. The BUBs are held daily, bi-weekly or weekly as needed to monitor and track the implementation of the Army Action Plan/Army Medical Action Plan. The BUB attendees included the NARMC Commander, Deputy Commander, Chief of Staff, and senior leadership from NARMC/WRAMC responsible for implementing corrective actions in the areas of soldier accountability, health and welfare, infrastructure, medical administrative process and information dissemination. Also, the NARMC Commander and Chief of Staff review every weakness and make the final decision about whether to report a material weakness.

c. A "Material Weakness Committee" was established consisting of 17 directors from the reporting offices. Their function is to collectively assess material weaknesses that surface during the year and recommend whether the Commander should report the weaknesses to the next command level. However, the Commander reviews every weakness along with the committee's recommendation and makes the final decision about whether to report a material weakness.

d. During FY 07 we used staff meetings, BUBs, video teleconferences (VTCs), deskside briefings to educate our top managers about the MCP and to work key issues.

2. Training. During FY 07 training was made available to NARMC staff and MTF managers at all levels to include the Army Management Control course, briefings, and on-site training by the MCP Administrator. The most widely used form of training was the MCP Electronic Training Brief and the MCP Training video. The MCP Electronic Training Brief was distributed to all Departments and Directorates by MCP Administrator for training within their activity. The IRACO Web Site also has a training section on MCP. The MCP Administrators provided MCP training to 224 MCP Functional Unit Managers from reporting offices. In total 2,341 personnel within the

NARMC/WRAMC received some form of MCP training during the year. The NARMC/WRAMC training statistics are shown in the following table. We use these statistics to aid us in planning training for the next fiscal year.

MCP Training Statistics – FY 07

Who Received Training in FY 07	Total	Type of Training			
		Army Management Control Administrator's Course 2 days	Army MCP Course 1 day	ASA(FM&C) MCP Staff Training*	In-house Training
(a.) Assessable Unit Manager(s)	12	1			11
(b.) Management Control Administrator(s)	14	5		1	8
(c.) Functional Unit Manager(s)	224		13		211
(d.) Functional Unit Administrator(s)	92		2		90
(e) Other Manager/Personnel	1999				1999
Total personnel trained in FY 07	2341	6	15	1	2319

** This is not a standard training class provided by the Assistant Secretary of the Army (Financial Management and Comptroller) (ASA(FM&C)) MCP staff. It is usually provided in the form of a briefing to large audiences and lasts about 1 to 2 hours depending on the audience. However, ASA (FM&C) also sponsors the annual two-day Army Management Control Administrator's Training Conference that should also be accounted for in this column.

3. Execution.

a. Internal Feeder Statements. We obtained feeder annual assurance statements in FY 07 from 10 Medical Treatment Facilities (MTFs) Commanders and 52 Directors and Activity Chiefs within the NARMC/WRAMC in support of our annual statement. Changes to the MCP reporting process continued during FY 07, and we now report on the number of management control evaluations scheduled on the Five-year MCP Evaluation Plans and the number actually completed.

b. Management Control Evaluations (Shown on the Five-year MCP Evaluation Plans):

(1) Evaluations Scheduled: 270

(2) Evaluations Performed: 175

c. Other Evaluations, Audits, and Inspections.

(1) Other Evaluations. During FY 07 there were over 600 evaluations and inspections performed using other assessment plans. These evaluations and inspections were based on internal/external audits and inspections, exercises, inventories, reports and site visits. In addition, other management control testing mechanisms occurring during FY 07 that supported these evaluations include:

(a) Joint Commission on Accreditation of Healthcare Organizations

(b) Food and Drug and Administration

(c) External Audits from GAO, DODIG and USAAA, DAIG

(d) Investigations

(e) America Association of Blood Banks

(f) NARMC Performance Management Reviews

(2) Internal Review Audits. An effective Internal Review Program is in place. The NARMC/WRAMC IRACO initiated over 60 audit projects during FY 07. The audits focus on areas that might result in a material weakness if not reviewed timely.

(3) Inspections. As part of the NARMC Organizational Inspection Program, the Inspector General's Office to include IRACO, WRAMC, and NARMC staff conducted five inspections within the MTFs during FY 07.

d. Material Weaknesses.

(1) New Uncorrected Material Weaknesses. In FY 07, eight new uncorrected material weaknesses were reported about Soldier Accountability, Health and Welfare, Infrastructure, Medical Administrative Process, Property and Equipment, Professional Officer Filler System Weapon Training, and After Duty Hours Chaplain Coverage. Details of the weaknesses are provided at TAB B-2.

(2) Prior Year Material Weaknesses. There were two uncorrected material weakness to report in FY 07. These weaknesses pertain to Industry Based Workload

Alignment, and Ambulatory Procedure Visit. Details of the weaknesses are provided at TAB B-2.

(3) Corrected Material Weakness. There are no corrected material weaknesses to report in FY 07.

(e) Other Actions.

(1) Communication. We continue to use the Office of the Surgeon General and U.S. Army Medical Command (OTSG/MEDCOM) MCP Newsletter as our principal means to disseminate information throughout our MCP network since we include with the newsletter any local requirements or issues. In addition, we used our electronic mail network within the NARMC to accelerate the resolution of emerging issues affecting management controls and to disseminate information.

TAB B

MATERIAL WEAKNESSES

TAB B-1

LIST OF MATERIAL WEAKNESSES

<u>Fiscal Year Reported</u>	<u>Title of Weakness</u>	<u>Reference</u>
<u>Uncorrected Weaknesses:</u>		
2007	Soldier Accountability, Health and Welfare	TAB B-2 #1
2007	Infrastructure	TAB B-2 #2
2007	Medical Administrative Process	TAB B-2 #3
2007	Property/Equipment	TAB B-2 #4
2007	Professional Officer Filler System Weapon Training	TAB B-2 #5
2007	After Duty Hours Chaplain Coverage	TAB B-2 #6
2006	Industry Based Workload Alignment	TAB B-2 #7
2005	Ambulatory Procedure Visit	TAB B-2 #8
<u>Corrected Weaknesses:</u>		
NONE		

TAB B-2

UNCORRECTED MATERIAL WEAKNESSES

TAB B-2

UNCORRECTED MATERIAL WEAKNESS #1

Local ID #: NARMC/WRAMC 2007-1

Title and Description of Material Weakness: Soldier Accountability, Health and Welfare - With the recent publicized reports relating to command and control over Warriors In Transition (WIT), primary care services provided to warriors transiting from inpatient to outpatient healthcare services, and the overall welfare of WIT at Walter Reed Army Medical Center (WRAMC) an Army Action Plan/Army Medical Action Plan (AAP/AMAP) was developed to address the weaknesses identified. Specifically, the weaknesses identified were in the area of:

1. Command and Control of Warriors In Transition (WIT). The Medical Center Brigade (MCB) does not have adequate staff to provide responsive command and control to ensure the health and welfare, administrative requirements, and readiness of the Warriors.
2. Primary Care for Warriors. A decrease in access to primary care services for WIT has resulted in decreased continuity of healthcare services across the continuum from the inpatient setting to the outpatient setting.
3. Unit Notification. When Soldiers arrive at the Walter Reed Army Medical Center (WRAMC), parent units and rear detachment commanders are not notified in a timely manner, causing confusion and frustration.
4. Timely Presentation of Awards to WIT. Awards to include Purple Heart and Combat Badges were not being presented in a timely manner to deserving warriors.
5. Welcome Packet for WIT. Many Soldiers are not aware of all their entitlements and benefits, both during their stay at WRAMC and after they have separated or retired.
6. WIT Enrollment in Army Continuing Education. Many WIT are not taking advantage of the opportunities to further their education.

Functional Category: Personnel, Organization Management and Support Services

Senior Officials in Charge: COL Terrence J. McKenrick, Commander, Warrior Transition Brigade (WTB), COL Ronald Hamilton, Commander Medical Center Brigade (MCB), and COL Peter M. Garibaldi, WRAMC Garrison Commander

Pace of Corrective Action:

Year Identified: FY 2007

Original Targeted Correction Date: FY 2007

Targeted Correction Date in Last Year's Report: N/A

Current Target Date: N/A

Reason for Change in Date(s): N/A

Validation Process: The Internal Review and Audit Compliance Office (IRACO) will conduct internal reviews to determine whether the material weaknesses reported have been corrected. IRACO will also continue to validate each corrective action until all of the weaknesses are resolved.

Results Indicators:

1. Squad leader to Warrior ratio of 1:12, WTB Fully Operationally Capable (FOC), Warrior Transition Unit Organization and Function Document completed.
2. Clinic open on time - 9 July 2007; Primary Card Manager (PCM) to Warrior Ratio = 1:200; decreased emergency room visits by 30%; and increased continuity of care >65%.
3. Ensure the following: Soldier arrives safely at the medical treatment facility (MTF); Soldier receives medical treatment immediately; family members are notified; the tracking mechanism traces the Soldier from Theater to WIT Unit assignment or attachment and case management.
4. Conduct monthly audit of the company alpha roster to ensure all newly arrived Warriors have been screened for eligibility; Solicit feedback from Warriors in Transition through survey instruments and the use of suggestion boxes located in common use areas; and Command oversight during weekly staff meetings to identify weaknesses in tracking and processing awards to initiate corrective action.
5. Monitor Soldier's feedback for usefulness of the information and additional requirements needed. Track Soldiers participation through individual agencies.
6. Increase in WIT enrollment in Army Continuing Education Programs.

Source(s) Identifying Weakness: Washington Post Newspaper Articles, Army Inspector General Report on Physical Disability Evaluation System, Independent Review Group DRAFT Report on Rehabilitative and Administrative Processes at WRAMC and NNMCC, WRAMC Staff, By the Service Orders submitted to IAP and the Billets Managers, Army Continuing Education Centers.

Major Milestones in Corrective Action:

1. Command and Control

a. Completed Milestones:

<u>Date:</u>	<u>Milestone:</u>
Mar 07	BDE Commander, Company Commanders, key staff arrive
Apr 07	Initial Platoon Sergeants and Squad Leaders Report-In
	PLT SGTS/Squad Leaders in-process & establish quarters
	Conduct Cadre Training (BDE & Key Leaders)
	A Troop (TRP) Left Seat /Right Seat ride with MHO
	Med Hold Over/A TRP Deactivation/Activation
	A TRP IOC, obtain additional administrative support staff in the
	PEB Office to relieve counselors of administrative tasks taking away
	time from other primary duties/responsibilities

b. Planned Milestones (FY 2007):

<u>Date:</u>	<u>Milestone:</u>
May 07	Conduct 2 nd round of Cadre Training (A,B,C CO)
	A CO Squad Leader LS/RS, A CO Full Operational Capability
	(FOC) 16xSquad Leaders Report-in
Jun 07	Squad Leaders in-process & establish quarters MedHold (MH)/B&C
	CO Left Seat/Right Seat Ride, Conduct 3 rd round of Cadre Training
	(B & C CO), MH/B&C CO Deactivation /Activation, B CO & C BTRY
	IOC, and B CO & C BTRY Squad Leaders LS/RS, Warrior
	Transition Unit Organization and Function Document
	Completed, B CO & C BTRY FOC
Jul 07	Provide staff training, ensure QA to reduce returned cases
Aug 07	Revise/implement internal policy: Clinic Appts/MEBITT update/
	system access (internal and external)

c. Planned Milestones (Beyond FY 2008): N/A

Major Milestones in Corrective Action:

2. Primary Care for Warriors

a. Completed Milestones:

<u>Date:</u>	<u>Milestone:</u>
Apr 07	CG Approved PCM concept
May 07	Identified key clinic personnel (PCM, NCOIC, Head Nurse, Administrator), Identify Funding with RM – GWOT, identify clinic location – 1B, internal Medicine Clinic, Complete Business Case Analysis – Health Care Ops, and coordinate TDA, Clinic Staff – Mr Coley, Ms. Welbon.

b. Planned Milestones (FY 2007):

<u>Date:</u>	<u>Milestone:</u>
May 07	Order Equipment & Supplies (MAJ Curtis, LOG), finalize Business Plan, Finalize Marketing Plan
Jun 07	Finalize TDA Revision, Finalize Outcome Metrics, Complete Clinic Setup, Complete Staff Training, Build Patient Panels and Provider Templates
Jul 07	Complete Privileging, Grand Opening – Ribbon Cutting ceremony

c. Planned Milestones (Beyond FY 2008):

<u>Date:</u>	<u>Milestone:</u>
Aug 07	Hire 3 GS Physicians to replace IM physicians after 1 yr tour Hire (1) GS-11 RN and (1) GS-07 LPN to replace military nurses

Major Milestones in Corrective Action:

3. Unit Notification - N/A

Major Milestones in Corrective Action.

4. Timely Presentation of Awards to WIT - **N/A**

Major Milestones in Corrective Action:

5. Welcome Packet for WIT

a. **Completed Milestones:** N/A

b. **Planned Milestones (FY 2007):**

Date:

Jun 07

Milestone:

The SFAC be responsible for: Coordinating a consolidated Warrior in Transition WRAMC Orientation Briefing. Consolidate the slides from each agency/directorate. Create a consolidated Welcome Packet.

c. **Planned Milestones (Beyond FY 2008):** NONE

Major Milestones in Corrective Action:

6. WIT Enrollment in Army Continuing Education N/A

OSD, HQDA OR MEDCOM/OTSG Action Required: None – Weaknesses reported for purposes of awareness.

Point of Contact for Weakness:

COL Terrence McKenrick, Commander WTB, 202 782-0145

LTC Mary Cunico, OIC Warrior Clinic, WTB, 202 782-9559

LTC Mike Bell, Brigade Surgeon, WTB, 202 782-9559

MAJ Eugene O. Smith, Commander, Medical Holding Company, 202 782-0145

MAJ Julia Dallman, Medical Center Brigade, S1, 782-8095

Walter Reed Army Medical Center, 6900 Georgia Ave, NW, Washington DC 20307-5001

TAB B-2

UNCORRECTED MATERIAL WEAKNESS #2

Local ID #: NARMC/WRAMC 2007-2

Title and Description of Material Weakness: Infrastructure - With the recent publicized reports of barracks conditions at WRAMC, personnel from the Facilities Management Branch (FMB) coordinated with the Garrison Command and the Department of Public Works to perform onsite inspections of all Medical Holdover barracks and associated housing, including Building 18. An Army Action Plan/Army Medical Action Plan (AAP/AMAP) was developed to address the specific weaknesses which are listed below:

- 1. Facilities Maintenance and Repairs at WRAMC Installation.** The NARMC Regional Facilities Director is the major proponent for Operations and Maintenance funding dispersal throughout the Region's medical activities, along with programming for both Major and minor construction. Although all funding for WRAMC is provided through the MEDCOM funding stream, the Regional Directors Office has no visibility of the DPW O&M contract disbursements or construction programming and contract acquisition. Having recently gone through the A-76 process and the subsequent Reduction in Force (IRE); it is imperative that the Regional Directors Office be apprised of the process. Also with the implementation of the Most Efficient Organization (MEO) and the necessary programming of maintenance and construction needed to support the Medical Activity in its entirety. In its current state, there are operational and administrative functions that, upon questioning, seem inconsistent. Activities such as project approval, signature authority, Quality Assurance Construction Programming, and contract coordination are all in question as to responsibility and authority. Coordinating with the Regional Directors Office will ensure continuity of process along with a more transparent methodology of facilities management, operational flow, and construction programming. The intent of this effort is to expand the visibility of the DPW Operations and management process along with the Construction programming and execution.
- 2. Facilities Maintenance and Repairs at Keller Army Community Hospital (KACH).** Backlog and deferral of maintenance at KACH may have potential impact on provision of patient care, regulatory compliance and facility accreditation. The Operations and Maintenance Program and Budget have historically been managed by Garrison Department of Public Works (DPW). This method of program management has proven to be less than transparent with regard to the ability to verify that sufficient funding is being dedicated to the facility, its maintenance requirements, and life cycle management of building critical system components.

3. Management Over Barracks Facilities Dedicated to Medical Hold (MH) and Medical Hold Over (MHO). Garrison supported facilities housing MH AND MHO troops are not consistently or officially inspected by Medical activity personnel for Quality of Life condition status.

4. WRAMC Garrison Infrastructure. The implementation of A-76 and BRAC has resulted in insufficient funding to hire qualified personnel and to provide funding to identify and capture infrastructure system failures which are in need of necessary repairs and maintenance to provide support to the medical mission.

5. Establish Mechanism to Accommodate WIT Surge. Currently, to accommodate an increase of WIT associated with an installation surge would overwhelm the Garrison and reach capacity limits.

6. Assessment of Facility Conditions. As Soldiers continue to transition in and out of WRAMC the billets are becoming run-down.

Functional Categories: Manufacturing, Maintenance and Repairs, Personnel, and Organization Management

Senior Officials in Charge: COL Janice McCreary-Watson, Assistant Chief of Staff (ACS), Logistics and Acquisition, LTC Richard Looney, Interim DOL, WRAMC, and COL Peter M. Garibaldi, WRAMC Garrison Commander

Pace of Corrective Action:

Year Identified: FY 2007

Original Targeted Correction Date: FY 2007

Targeted Correction Date in Last Year's Report: N/A

Current Target Date: N/A

Reason for Change in Date(s): N/A

Validation Process:

1. Coordinate with IMCOM, MEDCOM, NARMC, the local Garrison Command and components to perform a complete VFA style site inspection of all facilities included in the Garrison inventory also validating contractor provided building condition survey. Upon completion of the inspection, validation, and assessment of the entire inventory's status, a full programming effort will be undertaken to address and prioritize all

deficiencies noted in order of critical need. Additionally, after the survey and subsequent findings are certified, any construction efforts requiring funding of greater than 300K will be coordinated with the Region's construction project submittal and forwarded to MEDCOM for inclusion with the programming document.

The Director Garrison DPW official will review and submit to the NARMC Regional Directors Office and the MEDCOM ACSIE&FM a report detailing the condition of the facilities to include; post name and identifier number, building name and number, specific room or area, deficiency description, initial cost estimate and impact if not accomplished. This report will be generated immediately and will require follow up inspections on a bi-yearly basis until directed or determined that the requirement no longer exists otherwise.

Additionally, upon release and acceptance of the inspection teams' recommendations, the DPW Senior Official will submit a report to the Regional Directors Office and MEDCOM Office of Assistant Chief of Staff for Facility Management. Detailing the proposed course of action to address any efforts requiring significant construction actions (costing >300K) to accommodate organizational adjustments needed to comply with the accepted recommendations.

2. Assemble a Facilities Inspection Team and coordinate with local Garrison Commands, MEDCOM, NARMC, MEDDAC USMA, and HFPA to perform on site inspections of all Medical Treatment Facilities and document all deficiencies cataloged as Priority 1 - needing immediate attention, Priority 2 - needing attention within the next 1-2 years, and Priority 3 - needing to be addressed within the 3-5 year program. Included would be any other architectural, structural, building finishes, systems, components, and equipment deficiencies that need to be addressed on a long term programming document. This would allow for budgeting and programming of resources along with providing for the MTF Command to track and validate on an interim basis the overall improvement of the facilities status upon completion of programmed deficiencies.

Additionally, a review of the MTF's Memorandum of Agreement/Understanding would be addressed and updated as needed, along with reviewing the Maintenance and support staffing requirements for the Medical function that would be based on staffing specifics determined by MEDCOM. This would allow for all parties to determine and agree on the quantity and skill set of specific staffing needed to dedicate specifically to the O&M Department for the entire re-vitalization of the Medical Activity at US Army Medical Academy (USMA). These elements would be combined to be the back bone of a Re-vitalization program that would detail financial, personnel, contract, acquisition, and engineering support required to address the identified shortfalls and deficiencies. Finally, this effort is intended to achieve a consensus between Commands to improve the quality of medical facilities within the Military Academy along with improving

communication but more importantly to ensure the provision of exceptional health care in quality surroundings and facilities to MEDDAC USMA patients, beneficiaries and family members.

Upon acceptance of the recommendations, the Facilities Management Branch (FMB) will coordinate with the MTF Commander to certify and then submit to the NARMC Regional Facilities Directors Office and the MEDCOM ACSIE&FM, a report detailing the condition of the facilities. To include building name and number, specific room or area, deficiency description, initial cost estimate and impact if not accomplished. This report will be generated immediately and will require follow up inspections on a yearly basis until determined that the need is no longer required. The FMB will also submit a report to the Regional Directors Office and the MEDCOM ACSIE&FM, detailing the proposed course of action, resource and staffing requirements and any other efforts requiring significant construction actions to accommodate facility or organizational adjustments needed to comply with the accepted recommendations

3. MTF Facilities Management Branch personnel (FMB) will coordinate with local Garrison Command and Department of Public Works (DPW) to perform on site inspections of all MH/MHO Barracks and associated housing. FMB and MTF command will certify and provide all findings to the Regional Facilities Directors Office a report detailing the condition of the facilities to include; post name and identifier number, building name and number, specific room or area, deficiency description, initial cost estimate and impact if not accomplished. This report will be generated immediately and will require follow up inspections on a quarterly basis until directed otherwise.

Additionally, upon release and acceptance of the Independent Review Group (IRG's) recommendations, if any, the MEDDAC Facility Manager will submit a report to MEDCOM, the Regional Command, and the Facilities Directors Office detailing the proposed course of action to address any efforts requiring significant construction actions (costing >25K) to accommodate organizational adjustments needed to comply with the accepted recommendations.

4. The Garrison Command Staff will perform an overall comprehensive facilities assessment of the non-category 500 buildings via private contractors, United States Corps of Engineers, and U.S. Army Medical Command to establish a baseline of the current facilities condition. Additionally, an internal team consisting of members from the installation safety, environmental, industrial hygiene and fire inspection offices, conducted building surveys to assess fire and safety code conditions.

5. DeWitt Army Community Hospital notified that initially 60 Warriors in Transition will arrive on or before 17 June 2007 and are able to accommodate the tasking. Every 4th Soldier that arrives at WRAMC via MEDAVAC will be sent to DeWitt .

The NARMC/WRAMC Internal Review Office will conduct an internal review to determine whether the weaknesses reported were corrected and determine whether directed policy and procedures were implemented.

Results Indicators:

1. Indicators will include the provision of all reports in a timely basis; generate comprehensive facilities deficiency lists and updates on a bi-yearly basis to include: (a) submit certified course of action response proposal to address operational adjustments if applicable - reduction/elimination of building inventory deficiencies; (b) submit Command endorsed course of action response proposal to address operational adjustments, if applicable; and (c) submit IRG course of action response proposal to address operational adjustments, if applicable.
2. Indicators will focus on generating a comprehensive facilities deficiency list to seek the necessary funding to repair and maintain our infrastructure to an adequate level; daily service and work order reports are provided of key buildings, such as all lodging facilities housing Warriors in Transition; and weekly work prioritization meetings conducted by WRAMC and service provider personnel.
3. Safeguard the condition of the barracks walls.

Source(s) Identifying Weakness: United States Army Corps of Engineers, Washington Post Newspaper Articles, Independent Review Group, Presidential Commission, MEDCOM Inspector General, IAP World Services, MEDCOM directed AR 15-6 Investigation, NARMC Facilities Director

Major Milestones in Corrective Action:

1. Facilities Maintenance and Repairs at WRAMC Installation

a. Completed Milestones: N/A

b. Planned Milestones (Fiscal Year 2007):

Jun 07	Completed initial inspection results and submitted material weaknesses of staff inspections. Also provided program submittal course of action. Evaluate project requirements to determine consolidated priorities for FY 08
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c. Planned Milestones (Beyond Fiscal Year 2008):

<u>Date:</u>	<u>Milestone:</u>
Jun 08	Evaluate to determine full benefits of consolidation process and implement or eliminate procedures as necessary.
Jun 09	Evaluate process to determine project priority requirements to include priorities for pre-closure.

Major Milestones in Corrective Action:

2. Facilities Maintenance and Repairs at Keller Army Community Hospital (KACH)

a. Completed Milestones

<u>Date:</u>	<u>Milestone</u>
Nov 06	Completed initial inspection results and submitted material weaknesses of staff inspections. Also provided program submittal course of action. Establish Inspection Team plan and coordinate initial site visit. Complete initial site visit and compile project priority list for coordination and approval review.

b. **Planned Milestones (Fiscal Year 2007):** N/A

c. **Planned Milestones (Beyond Fiscal Year 2008):**

<u>Date:</u>	<u>Milestone:</u>
Nov 08	Review process to determine future needs.

Major Milestones in Corrective Action:

3. Management of Barracks Facilities Dedicated to MH/MHO

a. **Completed Milestones:** N/A

b. **Planned Milestones (Fiscal Year 2007):**

<u>Date:</u>	<u>Milestone:</u>
Jun 07	Completed initial inspection results and submitted material weaknesses. Establish the Independent Review Group with Representatives from the NARMC, NARMC Facility Directors office, Garrison Command, DPW, WRAMC Command and the WRAMC facility management branch.
Jul 07	Provide course of action to the Independent Review Group

c. **Planned Milestones (Beyond Fiscal Year 2008):**

<u>Date:</u>	<u>Milestone:</u>
Jul 08	Review and evaluate the process to determine future needs

Major Milestones in Corrective Action:

4. WRAMC Garrison Infrastructure

a. **Completed Milestones:**

<u>Date:</u>	<u>Milestone:</u>
Feb 07	Transferred BASOPS responsibilities to IAP
Apr 07	Established Tiger Team (Safety, Env, Fire, & IH), Instituted Building Custodian Program, Conducted Facilities Assessment (Awaiting Final Report), Conducted Safety Condition Inspections

b. Planned Milestones (FY 2007):

<u>Date:</u>	<u>Milestone:</u>
May 07	Develop Facilities Improvement Plan, and implement Army Action Plan

c. Planned Milestones (Beyond FY 2008):

<u>Date:</u>	<u>Milestone:</u>
Jul 08	Review and evaluate process
Oct 08	Implement FY 09 Project Improvement Plan and transfer BASOPS responsibilities of Forest Glen and Glen Haven Annexes

Major Milestones in Corrective Action:

5. Establish Mechanism to Accommodate WIT Surge

a. Completed Milestones: N/A

b. Planned Milestones (FY 2007):

<u>Date:</u>	<u>Milestone:</u>
May 07	Use Dewitt Army Community Hospital (ACH) as a pilot location to develop a TDA for WTU template and exercise procedures and standards set down by MEDCOM. Also ensure all necessary and directed services are available in SFAC at an IMCOM Installation submitting appropriate requests.

<u>Date:</u>	<u>Milestone:</u>
Jun 07	Give DeWitt ACH a Warning Order to establish a WTU. Identify space to locate WTU on Fort Belvoir. By name list of C2 structure (Combat Arms) PCM, CMs, Sqd Ldrs, submitted to MEDCOM thru WRAMC. Establish 2-DUIC's, one to complete arrivals of WTU cadre and one to assign/attach Warriors in Transition. Complete the transfer of Warriors in Transition to designated location on Fort Belvoir. WIT complete.
Sep 07	Develop a model WTU for MTFs throughout the Army.

c. Planned Milestones (Beyond FY 2008): N/A

Major Milestones in Corrective Action:

6. Assessment of Facility Conditions

a. Completed Milestones: N/A

b. Planned Milestones (FY 2007):

<u>Date:</u>	<u>Milestone:</u>
Jun 07	Inspection of the Warrior in Transition facilities - Improve the lower half of the barracks walls and corners with durable material (i.e. clear hard plastic coverings and metal corner covers)

c. Planned Milestones (Beyond FY 2008): N/A

OSD, HQDA OR MEDCOM/OTSG Action Required: None – Weaknesses reported for purposes of awareness.

Point of Contact for Weakness:

Herbert Harrison, Director, Regional Facilities, 202-782-3138
COL Peter M. Garibaldi, WRAMC Garrison Commander, 202 782-3355
MAJ Eugene O. Smith, FA, Medical Holding Company Commander, 202 782-0145
6900 Georgia Ave, NW, Washington DC 20307-5001

TAB B-2

UNCORRECTED MATERIAL WEAKNESS #3

Local ID #: NARMC/WRAMC 2007-3

Title and Description of Material Weakness: Medical Administrative Process - With the recent publicized reports which resulted in external reviews relating to the care management of Warriors transitioning from inpatient to outpatient status and the medical and physical evaluations of WIT, it was noted that improvements were needed in the medical administrative processes which are listed below:

1. Case Management for Warriors. The ratio of case managers to Warriors in Transition (WIT) are inadequate.
2. Medical Evaluation Board and Physical Evaluation Board (MEB/PEB). Improvements are needed to ensure MEB/PEB processes are efficiently and effectively in place and operating as intended.
3. Discharge Management Process. Improvements are needed in the current discharge management process. Specifically, weaknesses identified could result in mission failure due to multiple steps required in the discharge management process.

Functional Category: Personnel and/or Organization Management

Senior Officials in Charge: COL Terrence J. McKenrick, Commander, Warrior Transition Brigade (WTB), COL Ronald Hamilton, Commander Medical Center Brigade (MCB), COL Ronald West, Deputy Patient Administration Directorate (PAD), and COL Gregory Argyros, Chief, Department of Medicine

Pace of Corrective Action:

Year Identified: FY 2007

Original Targeted Correction Date: FY 2007

Targeted Correction Date in Last Year's Report: N/A

Current Target Date: N/A

Reason for Change in Date(s): N/A

Validation Process: The Internal Review and Audit Compliance Office (IRACO) will conduct internal reviews to determine whether the material weaknesses reported have been corrected. IRACO will also continue to validate each corrective action until all of the weaknesses are resolved.

Results Indicators:

1. Overall case management ratio < or = 1:18; Improvement in Warrior satisfaction; at least 90% of appointments booked, kept and tracked in PAS II.
2. Meet OTSG/MEDCOM standards for MEB processing. Increase case managers to achieve 1:17 ratio. Increase MEB counselor ratio to achieve 1:20 ratio. Maintain up to date MEBITT data.
3. Discharge management accountability checklist completed for all inpatients. All GWOT and special needs patients identified and assigned a case manager regardless of portal of entry into system.

Source(s) Identifying Weakness: Washington Post Newspaper Articles, Army Inspector General Report on Physical Disability Evaluation System, Independent Review Group DRAFT Report on Rehabilitative and Administrative Processes at WRAMC and NNMC

Major Milestones in Corrective Action:

1. Case Management for Warriors

a. Completed Milestones:

<u>Date:</u>	<u>Milestone:</u>
Feb 07	Decision made to establish registered nurse as standard of care for case management. 1:17 ratio targeted.
Mar 07	Nurse case managers began to report. Many were TDY are reserve component Soldiers approaching demobilization. Completed draft WRAMC Regulation 40-614 (Interdisciplinary Discharge Planning Program). Standardized case manager orientation training conducted. Met with Healthcare Ops to discuss database integration.
Apr 07	Hands on orientation, case managers trained in PAS II and MMTS system. Nurse case managers assume responsibility for all outpatient case management.

b. Planned Milestones (FY 2007):

<u>Date:</u>	<u>Milestone:</u>
May 07	Draft Case Management Air Evac Procedures SOP completed. Draft Case Management SOP completed. Suggested revision of case manager to warrior ratio of 1:18 to align more closely with command and control ratios. Identified nurses to replace demobilization losses and balance Active Component/Reserve Component mix. Develop training and integration program for replacement case managers.

<u>Date:</u>	<u>Milestone:</u>
Jun 07	Replacement case managers report. Handoff to replacement case managers complete. Finalize Discharge Planning Regulation, Case Management SOP and Air Evac Procedures.

c. Planned Milestones (Beyond FY 2008): N/A

Major Milestones in Corrective Action:

2. MEB/PEB

a. Completed Milestones:

<u>Date:</u>	<u>Milestone:</u>
Mar 07	Establish timelines/track process from initiation to disposition
Apr 07	Ensure sound decision-making when starting/stopping MEB cases. Obtain access to PDCAPS and TRANSPROC. Obtain the right Soldier/counselor/ provider/Case Manager case load/case mix. Obtain additional administrative support staff in the PEB Office to relieve counselors of administrative tasks.

b. Planned Milestones (FY 2007):

<u>Date:</u>	<u>Milestone:</u>
Jul 07	Provide staff training and ensure QA to reduce returned cases.
Aug 07	Revise/implement internal policy for clinic Appts/MEBITT update/system access (internal and external)

c. Planned Milestones (Beyond FY 2008): N/A

Major Milestones in Corrective Action:

3. Discharge Management Process

a. Completed Milestones:

<u>Date:</u> Feb 07	<u>Milestone:</u> Issue identified. Discharge management process action team formed to identify issues with current process and develop solutions to improve discharge management process. Proposal for new WRAMC Reg covering discharge management process briefed to hospital command team and approved. Education of hospital staff on new processes begins.
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<u>Date:</u> Mar 07	<u>Milestone:</u> Hospital staff begins execution of new discharge management process. Weekly meetings of discharge management team continue. Weekly interdisciplinary continuum of care meetings to discuss needed changes to the regulation (ongoing). Ongoing interdisciplinary discharge management team meetings to discuss patient care issues while patients are inpatients (ongoing). Two case managers assigned full time duty of tracking all GWOT patients arriving via air evacuation and assigning case managers
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b. Planned Milestones (FY 2007):

<u>Date:</u> Jun 07	<u>Milestone:</u> Case managers assigned to Warrior Transition Brigade and Air Evacuation duties to ensure all GWOT patients identified upon arrival into system and assigned a case manager.
Sep 07	Final draft of WRAMC Reg 40-614 written to cover areas of responsibility for all services required. Final draft of discharge management accountability checklist generated on all patients. Incorporate discharge management process into newcomer's orientation and annual review training for all staff

c. Planned Milestones (Beyond FY 2008): N/A

OSD, HQDA OR MEDCOM/OTSG Action Required: None – Weaknesses reported for purposes of awareness.

Point of Contact for Weakness:

LTC Stephen-Blake, WTB Lead Case Manager, 202 782-0145
1LT Teresa Tedder, PAD, 202-782-0855
Tammy Price, PAD, 202-782-6130
COL Joel Fishbain, Dept. of Medicine, 202 782-2348
LTC Suzanne Richardson, Dept of Medicine, 202 782-1548
6900 Georgia Ave, NW, Washington DC 20307-5001

TAB B-2

UNCORRECTED MATERIAL WEAKNESS #4

Local ID #: NARMC/WRAMC 2007-4

Title and Description of Material Weakness: Property and Equipment – Internal inspections and reviews of property books resulted in the unaccountability of property and equipment. Also noted were non-compliance with policies and procedures.

1. Digital Imaging Network Picture Archiving Communications System (DINPACS) Program Management. Identified the DINPACS equipment is not properly accounted for on the property book. Also DINPACS must be correctly identified in the Defense Medical Logistics Standard Support (DMLSS) System with all of its components assigned. The maintenance requirement indicator of "YES" must be assigned to all components and appropriate service schedules are initiated for components of the system. All completed services must be timely and accurately documented in the DMLSS System for all TDA hospitals.
2. Management of Durable Items. Durable property is personal property that is not consumed in use, does not require property book accountability, but because of its unique characteristics requires control when issued to the user. Ex: personal property having a unit cost over \$300, but less than \$5000 (cellular phones, pagers, blackberry's etc.) Commanders need to implement an active process to *ensure* that all on-hand durable items are monitored, as required by AR 735-5, paragraph 7-7b(3). There is no memorandum endorsed by the Commander validating the results of annual reviews of all on-hand durables items.
3. Management of Hand Receipts Needs Improvement. Hand receipt files are not current or updated at least annually. Hand receipt managers are not maintaining necessary documentation to substantiate any modifications, additions or deletions to the property book.
4. Property Book Annual Reconciliation. NARMC PBO's are not performing an annual reconciliation between authorized allowances on the property book and authorization documents. The Property Book Officer must perform an annual reconciliation of the most current equipment listed on the equipment Temporary Duty Assignment (TDA).

5. Temperature Sensitive Medical Products. During staff inspections at Regional Facilities Activities problems have been identified with the validation process to ensure that proper Cold Chain Management procedures for the storage of temperature sensitive medical products are being followed. The automated monitoring system's programmed points of contacts and phone numbers are not being reviewed for accuracy IAW USAMMA Cold Chain Management Processes and Procedures for all Temperature Sensitive Medical Products, OTSG Memorandum dated 12 Jan 05, Safeguarding Medical Material Assets, Distribution Operations Center (DOC) Cold Chain Management Brief, SB 8-75-11 9-8, b., and OMB 01 -05 para 3-b.

6. Biomedical Maintenance Operations. To fully comply with the Safe Medical Devices Act of 1990, AMEDD Medical Maintenance Activities must consistently exceed the minimum acceptable scheduled service performance levels for inspection preventive maintenance electrical safety testing, and calibration / verification / verification services. Although the goal is to complete 100% of all scheduled services, the OTSG and Army Medical Command have established the minimum acceptable levels at 95% in each category. All completed services must be timely and accurately documented in the Defense Medical Logistics Standard Support (DMLSS) System for all TDA hospital organizations.

7. Medical Equipment Schedule Services. The Clinical Engineering Division has not met the MEDCOM standards for completing scheduled services which is 95%. Lost equipment in the facility could jeopardize patient safety.

8. Materiel Management Obligations (Due-Ins). Medical Treatment Facilities (MTFs) are not monitoring reports. Onsite inspections conducted at five Medical Treatment Facilities revealed problems in the area of "aged dues-in". Communicating with other MTFs which were not inspected also revealed this as a common problem. Due-in obligations need to be worked in a timely manner to deobligate funds for other needed purchases.

Functional Category: Property Management and Maintenance

Senior Officials in Charge: COL Janice McCreary-Watson, ACS, Logistics and Acquisition, 202 782-7035 and LTC Richard Looney, Interim DOL, WRAMC, 202 782-6193

Pace of Corrective Action:

Year Identified: FY 2007

Original Targeted Correction Date: FY 2007

Targeted Correction Date in Last Year's Report: N/A

Current Target Date: N/A

Reason for Change in Date(s): N/A

Validation Process:

1. Inventory of the system is currently on-going and will be corrected in accordance with Operations and Maintenance Bulletin (OMB 08-03). The Senior Maintenance Officer or Non-Commissioned Officer-in-Charge will ensure performance measures are met.
2. The NARMC/WRAMC will implement the program and conduct an annual management review to ensure the Commander's endorsement validating the durable program has been implemented and monitored IAW AR 735-5, paragraph 7-7b(3).
3. Hand Receipts must be updated at least annually, IAW AR 710-2, Table 2-2e. Hand Receipt Holders will notify their respective hand receipt managers immediately if they notice any discrepancies (missing equipment, serial number changes etc) on their hand receipt. Hand receipt managers will provide a weekly status to NAMRC, ACSLA. Internal Review Office will also conduct a review to determine the status of this weakness.
4. Coordinate assistance visit(s) with sites and pull necessary documents for the Defense Medical Logistics Standard Support (DMLSS) report, and review current equipment TDA to verify the reconciliation process.
5. Activity will forward NARMC Regional TSMP SOP Questionnaire signed by the Commander and Chief of Logistics along with a current signed copy of TSMP SOP to the NARMC ACSLA for review. The Logistics Officer will forward to the NARMC Regional Office the results of their monthly tests.

6. The Senior Maintenance Officer or Non-Commissioned Officer in Charge must ensure performance measures are met. The DMLSS Maintenance Management Report must be provided to support TDA organization's Regional headquarters, Biomedical Maintenance Manager and MEDCOM's Corporate Biomedical Maintenance Management Office. All maintenance significant medical equipment must be inspected at proper intervals

7. Currently, we abide by regulatory guidance by initiating Financial Liability Investigations (FLI) on equipment that cannot be located within 15 days from discovery that the item was lost. We also maintain a separate tracking spreadsheet for accountability of lost equipment so it can be accounted for if it was in maintenance for service after the FLI has been processed. Future: we are in the process of purchasing a RFID tracking system to assist in locating equipment throughout the facility – expected award date June 07.

8. ACSLOG will implement monthly Inspection Program Report's (IPR's third Thursday monthly) to track and monitor aged dues-in, Logistics Officer validates and endorses at MTF location. The NARMC/WRAMC Internal Review Office will also conduct a review during the 1st Quarter, FY 2008 to determine the status of this weakness.

The Internal Review and Audit Compliance Office (IRACO) will also conduct internal reviews to determine whether the material weaknesses reported has been corrected. IRACO will also continue to validate each corrective action until all of the weaknesses are resolved.

Results Indicators:

1. The DMLSS Equipment Management Module must be managed to show that DINPACS is properly loaded and properly managed by medical maintenance activities. All maintenance services should be properly documented for all components.

2. Property Management will have supporting documentation tracking and monitoring durable items and have the Commander's endorsement validating the program is being monitored and corrective actions taken.

3. Monthly random checks on hand receipts will be conducted ensuring hand receipt managers are updating and maintaining current and updated hand receipts.

4. Verify actual authorized quantities based on current TDA against actual on-hand quantities and ensure all lines have a standard national stock number and line number assigned. Once validated, completed documents will be prepared and forwarded to the Commander for signature.
5. Significant decrease in Commander's Critical Information Requirements (CCIR) reports for the loss of temperature sensitive medical products due to human error.
6. Activities must consistently exceed the minimum acceptable scheduled service performance levels of 95% for inspections, 95% for preventive maintenance, 95% for electrical safety testing, and 95% for calibration / verification / verification services.
7. NONE REPORTED.
8. Materiel Management will have supporting documentation tracking and monitoring dues-in, and have the Commander's endorsement validating the program is being monitored and corrective actions taken.

Source(s) Identifying Weakness: Staff Inspection and Staff Assistance Visits (SAV) with NARMC Maintenance Manager and combines Logistics Review Team visits with MEDCOM Maintenance Consultants Office, Fort Sam, Houston Texas, NARMC Property Book Officers and Logistic Chiefs and WRAMC Clinical Engineering Division Chief and IRACO IR Report 2007-03 "Property Accountability," MEDCOM, NARMC (Staff Inspection Visits FY 07), AR 40-61, AR. 710-2.

Major Milestones in Corrective Action:

1. DINPACS Program Management
 - a. **Completed Milestones:** N/A
 - b. **Planned Milestones (FY 2007):**

<u>Date:</u> May 07	<u>Milestone:</u> Inventory completed and items placed on the Property Book as Maintenance Significant.
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c. Planned Milestones (Beyond FY 2008):

<u>Date:</u>	<u>Milestone:</u>
	Conduct internal management assessments and inspections, joint inventory of all system components with primary hand receipt holder, and Implement corrective actions and properly document service performance for DINPACS components.

Major Milestones in Corrective Action:

2. Management Over Durable Items

a. Completed Milestones: N/A

b. Planned Milestones (Fiscal Year 2007):

<u>Date</u>	<u>Milestone</u>
Sep-07	Implement program to account for and document all on-hand-durable items and ensure all hand receipts are updated and inventoried.

c. Planned Milestones (Fiscal Year 2008): N/A

Major Milestones in Corrective Action:

3. Management of Hand Receipts Needs Improvement

a. Completed Milestones: N/A

b. Planned Milestones (Fiscal Year 2007):

<u>Date</u>	<u>Milestone</u>
Sep-07	Implement program to account for and document all on-hand-durable items and ensure all hand receipts are updated and inventoried.

c. Planned Milestones (Fiscal Year 2008): N/A

Major Milestones in Corrective Action:

4. Property Book Annual Reconciliation

a. Completed Milestones: N/A

b. Planned Milestones (Fiscal Year 2007):

<u>Date</u>	<u>Milestone</u>
Sep-07	Develop procedures to ensure annual reconciliation of Property Books are completed and documented.

c. Planned Milestones (Fiscal Year 2008): N/A

Major Milestones in Corrective Action:

5. Temperature Sensitive Medical Products

a. Completed Milestones: N/A

b. Planned Milestones (Fiscal Year 2007):

<u>Date</u>	<u>Milestone</u>
Oct 07	Implement monthly TSMP validation

c. Planned Milestones (Fiscal Year 2008): N/A

Major Milestones in Corrective Action:

6. Biomedical Maintenance Operations

a. Completed Milestones: N/A

b. Planned Milestones (Fiscal Year 2007):

<u>Date</u>	<u>Milestone</u>
Sep 07	Conduct internal management assessments and external staff assistance visits and implement corrective actions and continue to monitor performance through future staff assistance visits.

c. Planned Milestones (Fiscal Year 2008): N/A

Major Milestones in Corrective Action:

7. Medical Equipment Scheduled Services

a. Completed Milestones: N/A

b. Planned Milestones (FY 2007):

<u>Date:</u>	<u>Milestone:</u>
Sep 07	Continue to track Patient Movement Items and initiate Financial Liability Investigations on un-located equipment. A new PMI policy and staffing is scheduled to be implemented next month.

c. Planned Milestones (Beyond FY 2008):

<u>Date:</u>	<u>Milestone:</u>
Dec 07	Implement an Asset Tracking System to manage PMI throughout the facility.

Major Milestones in Corrective Action:

8. Materiel Management Obligations (Due-Ins)

a. Completed Milestones:

<u>Date:</u>	<u>Milestone:</u>
Mar 07	Submitted Materiel Weaknesses of staff inspections conducted at Ft. Drum, Ft. Eustis, Ft. Belvoir and Ft. Lee

b. Planned Milestones (FY 2007):

<u>Date:</u>	<u>Milestone:</u>
Apr 07	Conduct IPR for training and assess status at all MTFs. On the 20 th of each month conduct follow-up inspections until materiel weaknesses are corrected.

c. Planned Milestones (Beyond FY 2008):

<u>Date:</u>	<u>Milestone:</u>
Nov 07	Report on status in a form of a report.

OSD, HQDA OR MEDCOM/OTSG Action Required: None – Weaknesses reported for purposes of awareness.

Point of Contact for Weakness:

Alphonso Boards, Medical Maintenance Manager, NARMC, 202-782-3176
CW4 Ralph Turner, Chief, Clinical Engineering Division, WRAMC, 202 782-4015
Brenda T. Harper, MCAT-LA, 202-782-7296
Ms. Elizabeth Reyes, Clinical Engineering Division, 202 782-7487
Glenn E. Bridgett, MCAT-LA, 202-7827349
MSG Dylan Gould, WRAMC DOL, 202-782-4063,
Nora Ballengee, Supply Systems Analyst, ACS Logistics, 202 782-4960
6900 Georgia Ave, NW, Washington DC 20307-5001.

TAB B-2

UNCORRECTED MATERIAL WEAKNESS #5

Local ID #: **NARMC/WRAMC 2007-5**

Title and Description of Material Weakness: Professional Officer Filler System (PROFIS) Weapons Training. Personnel in PROFIS positions are not receiving the required weapons training before deploying.

Functional Category: Personnel and/or Organization Management

Senior Officials in Charge:

Pace of Corrective Action:

Year Identified: FY 2007

Original Targeted Correction Date: FY 2007

Targeted Correction Date in Last Year's Report: N/A

Current Target Date: N/A

Reason for Change in Date(s): N/A

Validation Process: The Internal Review and Audit Compliance Office (IRACO) will conduct internal reviews to determine whether the material weaknesses reported has been corrected. IRACO will also continue to validate each corrective action until all of the weaknesses are resolved.

Results Indicators: Percentage of PROFIS personnel receiving weapons training will increase monthly. All PROFIS personnel will receive weapons training prior to deploying.

Source(s) Identifying Weakness: PROFIS personnel receiving time off from patient care to receive weapons training.

Major Milestones in Corrective Action:

a. **Completed Milestones:** N/A

b. **Planned Milestones (FY 2007):**

<u>Date:</u>	<u>Milestone:</u>
Jun 07	75% PROFIS trained on weapons

c. **Planned Milestones (Beyond FY 2008):** N/A

OSD, HQDA OR MEDCOM/OTSG Action Required: None – Weaknesses reported for purposes of awareness.

Point of Contact for Weakness:

CPT Margaret Solecki, MCB, Commanding, 202 782 3570, 6900 Georgia Ave, NW,
Washington DC 20307-5001

TAB B-2

UNCORRECTED MATERIAL WEAKNESS #6

Local ID #: NARMC/WRAMC 2007-6

Title and Description of Material Weakness: After Duty Hours Chaplain Coverage. Minimal staffing to support after duty hour operations.

Functional Category: Personnel

Senior Officials in Charge:

Pace of Corrective Action:

Year Identified: FY 2007

Original Targeted Correction Date: FY 2007

Targeted Correction Date in Last Year's Report: N/A

Current Target Date: N/A

Reason for Change in Date(s): N/A

Validation Process: The Internal Review and Audit Compliance Office (IRACO) will conduct internal reviews to determine whether the material weakness reported has been corrected. IRACO will also continue to validate each corrective action until all of the weakness is resolved.

Results Indicators: Average contacts since the beginning of the program averages 12 contacts each night. The current structure of the program is Chaplain coverage from 1630 to 2000 hrs, Monday through Thursday. Visitation numbers are consolidated into the monthly chaplain reports submitted to the Department of Ministry and Pastoral Care.

Source(s) Identifying Weakness: Warriors in Transition and their Family Members.

Major Milestones in Corrective Action:

a. Completed Milestones:

<u>Date:</u>	<u>Milestone:</u>
Dec 06	Planning and initial schedule implementation.
Jan 07	Conduct nightly visits with the rotations being shared by the Medical Hold Chaplain, Medical Center Brigade Chaplain, and Walter Reed Garrison Chaplain.

b. Planned Milestones (FY 2007):

<u>Date:</u>	<u>Milestone:</u>
May 07	Transition Program from Medical Center Brigade to Warrior Transition Brigade.

c. Planned Milestones (Beyond FY 2008): N/A

OSD, HQDA OR MEDCOM/OTSG Action Required: None – Weaknesses reported for purposes of awareness.

Point of Contact for Weakness:

CH (CPT) William H. Scritchfield, Medical Center Brigade Chaplain, Walter Reed Army Medical Center, 202/782-8956 and 7969, 6900 Georgia Ave, NW, Washington DC 20307-5001

UNCORRECTED MATERIAL WEAKNESS #7

Local ID #: NARMC/WRAMC 2006-1

Title and Description of Material Weakness: Industry Based Workload Alignment (IBWA). IBWA is the capturing of professional services. The problems identified with IBWA are that encounters are not being coded in a timely manner.

Functional Category: Personnel and/or Organization Management

Senior Officials in Charge: COL Ronald West, Deputy Patient Administration Directorate (PAD)

Pace of Corrective Action:

Year Identified: FY 06

Original Targeted Correction Date: FY 07

Targeted Correction Date in Last Year's Report: N/A

Current Target Date: FY 07

Reason for Change in Date(s): N/A

Validation Process: The NARMC/WRAMC Internal Review Office will conduct a review during the 1st Quarter, FY 2008 to determine the status of this weakness.

Results Indicators: Optimize Third Party Collection, capture professional services in the inpatient setting, compliance with existing guidelines.

Source(s) Identifying Weakness: Management Control Evaluations

Major Milestones in Corrective Action:

a. Completed Milestones:

<u>Date:</u>	<u>Milestone:</u>
Mar 06	WRAMC restarted coding IBWA rounds with specific clinical services under a new coding contract.
Sep 06	All clinical services were mandated to come on line with IBWA coding.
Nov 06	Implemented plan to improve the delta between Essentris and CHCS discharges.

b. Planned Milestones (Fiscal Year 2007):

<u>Date:</u>	<u>Milestone:</u>
Aug 07	Continue to refine programs, training and trending to ensure IBWA capture remains on target, with emphasis on catching up the backlog.

c. Planned Milestones (Beyond Fiscal Year 2008): N/A

OSD, HQDA OR MEDCOM/OTSG Action Required: None – Weaknesses reported for purposes of awareness.

Point of Contact for Weakness: Isalia Ratliffe, Data Quality-ADM Managers, 202-782-5447, 6900 Georgia Ave, NW, Washington DC 20307-5001

TAB B-2

UNCORRECTED MATERIAL WEAKNESS #8

Local ID #: NARMC/WRAMC 2005-1

Title and Description of Material Weakness: APV Process. What is an APV? Ambulatory Procedure Visit (APV) – A medical or surgical intervention requiring immediate day of procedure care, pre-procedure care and immediate post-procedure care as directed by a qualified health care provider in an ambulatory procedure unit. The total length of time for care provided is less than 24 hours. APV encounters equate to workload which in-turn equals revenue for the facility. The problem is that not “ALL” APVs are being captured into the Composite Health Care System (CHCS) and Ambulatory Data Module (ADM) for the MTF.

Functional Category: Personnel and/or Organization Management

Senior Officials in Charge: COL Ronald West, Deputy Patient Administration Directorate (PAD)

Pace of Corrective Action:

Year Identified: FY 05

Original Targeted Correction Date: FY 06

Targeted Correction Date in Last Year's Report: FY 06

Current Target Date: FY 07

Reason for Change in Date(s): Personnel Resources

Validation Process: The NARMC/WRAMC Internal Review Office will conduct a review during the 1st Quarter, FY 2008 to determine the status of this weakness.

Results Indicators: Capture all APV to optimize workload and increase RVU. Return on investment for all clinics and the facility as a whole. Optimize Third Party collections and compliance with existing guidelines.

Source(s) Identifying Weakness: Data Quality Management Office, Patient Administration Directorate, WRAMC.

Major Milestones in Corrective Action:

a. Completed Milestones:

<u>Date:</u>	<u>Milestone:</u>
Jan 05	Established a Quality Assurance Committee and Data Quality Action Team
Dec 05	Implementation of WRAMC APV SOP
May 05	New coding contract had been drafted
Jan 06	Completion of position description and justification for APV full-time employee.
Jul 06	Progress to track proposal for new employee was conducted
Mar 07	Completion of office space for Reposition Surgical staff, APV coder and a data quality specialist on Ward 66. Coders were placed in proximity to the patient flow.

b. Planned Milestones (FY 2007):

<u>Date:</u>	<u>Milestone:</u>
May 07	Hired two additional MRT to assist with the retrieval, monitoring and tracking of APV.
Aug 07	Redraft WRAMC APV SOP/Policy to incorporate new practice.
Sep 07	The FY 06 milestone date of Oct 06 was not met because of personnel staff changes. Because new coders were hired, PAD's goal is still to meet the 97% or better of APV coded within 15 days of DoD mandated requirement.

c. Planned Milestones (Beyond FY 2008): N/A

OSD, HQDA OR MEDCOM/OTSG Action Required: None – Weaknesses reported for purposes of awareness.

Point of Contact for Weakness:

Isalia Ratliffe, Data Quality-ADM Managers, 202-782-5447
Luchell Brown, Data Quality PAD, 202-782-1338
6900 Georgia Ave, NW, Washington DC 20307-5001

TAB C

**Office of the Surgeon General &
U.S. Army (USA) Medical Command
DHP Management Control Program
FY07 Risk Assessment Report**

Activity		Assessable Functions														
		MTF07-01 Anti-Fraud Program at Military Treatment Facilities	MTF07-02 Quality Assurance / Risk Management Program at MTF's	MTF06-01 Personnel Security Requirements and Information Assurance Requirements at MTFs	MTF05-01 Medical Encounter and Coding at MTFs	MTF05-02 Custody and Control of Outpatient Medical Records	MTF05-03 Guidance to DoD Military Depts on Contracting for Providers to Augment MTFs	MTF05-04 Security Controls Over Patient Information at DoD MTFs	MTF04-01 Supplemental Care Agreements	MTF04-02 DoD-VA Health Care Resource Sharing Rates	MTF03-01 Expired Drugs Turn-In	MTF03-02 Reprocess of Single Use Medical Devices	MTF03-03 Purchase Card Usage	MTF03-04 Managing Personal Property Accountability at MTFs	MTF03-07 Uniform Business Office (UBO) Requirements	MTF02-01 DEERS ID Checks and Confiscation of Expired / Unauthorized Cards
Row	Column - a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
28	NORTH ATLANTIC REGIONAL MEDICAL COMMAND															
29	- Walter Reed Army Medical Center	L	L	L	L	L	N/A	L	L	N/A	L	N/A	Jul	Jul	L	L
30	- Womack Army Medical Center	Jul	Jul	L	L	L	L	L	L	L	L	NA	L	Jul	L	L
31	- MEDDAC - FT Belvoir	N/A	N/A	L	L	L	L	L	N/A	L	L	N/A	M	L	L	L
32	- MEDDAC - FT Drum	N/A	L	N/A	L	L	L	L	N/A	L	L	N/A	L	L	L	L
33	- MEDDAC - FT Eustis	N/A	Mar	L	Mar	L	L	L	Mar	I	Mar	N/A	L	L	L	L
34	- MEDDAC - FT Knox	Jun	Jun	Jun	Jul	Jul	Aug	Jul	Aug	Aug	Jun	Aug	Aug	Jul	Jun	Jul
35	- MEDDAC - FT Lee	L	JUN	L	L	L	JUN	JUN	L	L	L	N/A	L	L	L	L
36	- MEDDAC - FT Meade	Aug	Aug	Aug	L	M	DNP	L	N/A	Aug	M	N/A	L	L	L	L
37	- MEDDAC - West Point	N/A	N/A	L	L	L	L	L	N/A	N/A	L	N/A	L	L	L	L
38	- MEDDAC - FT Monmouth															
39	- Forensic Toxicology Drug Laboratory	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Jun	N/A	Aug	Sep	N/A	N/A

Risk Assessment Results:

L = Low

M = Medium

H = High

DNP = Did Not Perform

Month scheduled in FY06 if not completed when this report was prepared. (JUN or later.)

N/A = Not Applicable

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